



# CITY of ANGELS

COMMUNITY DEVELOPMENT DEPARTMENT

Post Office Box 667 • 571 Stanislaus Suite J

ANGELS CAMP, CALIFORNIA 95222

Phone (209) 736-1346 • Fax (209) 736-9048



## DEVELOPMENT APPLICATION FORM

### Type of Application

<input type="checkbox"/> Development Agreement	<input type="checkbox"/> Tentative Map Extension	<input type="checkbox"/> Subdivision Map
<input type="checkbox"/> Annexation (Special Submittal Package)	<input type="checkbox"/> General Plan Amendment (Special Submittal Package)	<input type="checkbox"/> Lot Line Adjustment (Special Submittal Package)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Variance/Minor Zone Modification	<input type="checkbox"/> Site Plan Review (Special Submittal Package)
<input type="checkbox"/> Major Sign Permit	<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Rezone/Prezone
<input type="checkbox"/> Specific Plan/Amendment	<input type="checkbox"/> Municipal Code Amendment	<input type="checkbox"/> Appeal

### Project Detail

**Project Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **APN:** \_\_\_\_\_

Project Description (submit separate attachment if necessary) (e.g. Expansion of existing use, establishment of a new use or new construction, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Owner:

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Applicant:

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### OFFICE USE ONLY-FEES

Fees	Account Number	Application Type	Accepted By
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Receipt Number:</b> _____		<b>Date:</b> _____	
<b>Permit or Project Numbers:</b> _____			

### Other Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Miscellaneous

General Plan Designation: \_\_\_\_\_ Proposed General Plan Designation: \_\_\_\_\_

Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

General Property Dimensions: \_\_\_\_\_

Acres/Square Feet: \_\_\_\_\_ Land Use: Undeveloped/Vacant \_\_\_\_\_ Developed \_\_\_\_\_

### Hazardous Waste Affidavit

Government Code Section 65962.5 requires each applicant for any development project to consult the State Hazardous Waste and Substance Sites List. Based on this list (available from the Planning Division of the Community Development Department) the applicant is required to submit a signed statement to the City of Angels indicating whether the project is located on a site which is included on the list before the City accepts the applicant must fully describe the nature of the attached hazard and potential impacts in the Initial Study, Part 1. In either situation, the applicant must complete and sign the Affidavit in the space below.

I have been informed by the City of Angels of my responsibilities pursuant to Section 65962.5 to notify the City as to whether the site for which a development application has been submitted is located within an area which has been listed as the location of a Hazardous Waste or substance site by the Office of Planning and Research, State of California.

- ☐ The project site is located in an area listed as a Hazardous Waste or Substance Site.
- ☐ The project site is **not** in an area listed as a Hazardous Waste or Substance Site.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This publication can be made available in alternative formats, such as, Braille, large print, audio tape, or computer disk. Request can be made by calling (209) 736-1346. Please allow 72 hours for your request to be processed.



### Agreement and Representations of Applicant

This is not complete, and processing of this application will not begin, until all initials and signatures are provided:

1. Applicant(s) acknowledge and agree that by making this application, and under the authority of Government Code Section 65105, that in the performance of their functions, City staff may enter upon the subject property and make examinations and surveys, provided that the entries, examinations and surveys do not unreasonably interfere with the use of the land by those persons lawfully entitled to the possession thereof. \_\_\_\_\_(Initial)
2. Applicant(s) certify under penalty of perjury that the signature(s) provided below is/are that of the legal owner(s) (all individual owners must sign as they appear on the deed to the land), Corporate Officer(s) empowered to sign for the corporation, Owner's Legal Agent having power of Attorney (a notarized Power of Attorney document must accompany this application), or the owner's authorized representative (include a notarized consent form from the owner). \_\_\_\_\_(Initial)
3. Applicant(s) acknowledge and agree that all of the required items have been submitted and understands that missing items may result in delaying the processing of my application. I further acknowledge and agree that by signing this document I accept the posting of public notices regarding the proposed project at the project site. \_\_\_\_\_(Initial)
4. Applicant(s) agree to defend, indemnify and hold harmless the City of Angels ("City") and its agents, officers, consultants, independent contractors and employees ("City Agents") from any and all claims, actions or proceedings against the City or the City's Agents to attack, set aside, void, or annul an approval by the City, or the City's Agents concerning the Project (collectively "Claim"). The City shall promptly notify the Applicant of any Claim and the City shall cooperate fully in the defense. If the City fails to promptly notify the Applicant of any Claim or if the City fails to cooperate fully in the defense, the Applicant shall not thereafter be responsible to defend, indemnify, or hold harmless the City. Nothing in this paragraph shall obligate the City to defend any Claim and the City shall not be required to pay or perform any settlement arising from any such Claim not defended by the City, unless the settlement is approved in writing by the City. Nothing contained in this paragraph shall prohibit the City from independently defending any Claim, and if the City does decide to independently defend a Claim, the City shall bear its own attorney's fees, expenses of litigation and costs for that independent defense. Should the City decide to independently defend and Claim, the Applicant(s) shall not be required to pay or perform any settlement arising from any such Claim unless the settlement is approved by the Applicant. \_\_\_\_\_(Initial)
5. This Application will be a public record. \_\_\_\_\_(Initial)
6. This Application is made under, and shall in all respects be interpreted, enforced, and governed by, the laws of the State of California. In the event of a dispute concerning the terms of this Application, the venue for any legal action shall be with the appropriate court in the County of Calaveras, State of California. Should legal proceedings of any type arise out of this Agreement, the prevailing party shall be entitled to costs, attorney's fees, and legal expenses, including but not limited to expert fees and costs. \_\_\_\_\_(Initial)

IT IS SO AGREED:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**CITY OF ANGELS  
COMMUNITY DEVELOPMENT DEPARTMENT**

**LETTER OF AUTHORIZATION**

This document shall serve to notify the City of Angels that the undersigned are the legal owner(s) of the property described in the attached and do hereby authorize the person/firm identified below to file and represent my/our interest in the application(s) listed below.

**Authorized Person:**

Name/Firm \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Applications:**

\_\_\_\_\_  
\_\_\_\_\_

**Legal Owners:**

The undersigned are the legal owner(s) of the said property; have read the forgoing letter of authorization and know the contents thereof; and do hereby certify that the same is true of my/our own knowledge. I/we certify (or declare) under penalty of perjury under the laws of the State of California that the information contained in the above referenced application(s) is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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## ENVIRONMENTAL QUESTIONNAIRE

(To Be Completed by Applicant)

This document will assist the Community Development Department in evaluating the proposed project and its potential environmental impacts. Complete and accurate information will facilitate the environmental assessment, review, and minimize future requests for additional information. Please contact the Community Development Department, 571 Stanislaus Ave. Suite J, Angels Camp, CA 95222, (209)736-1346 if there are any questions concerning environmental issues or zoning.

APPLICANT'S STATEMENT OF INTENT (DESCRIBE THE PROPOSED PROJECT): \_\_\_\_\_

SUBDIVISION NAME OR PROPOSED COMMON NAME OF PROJECT: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### PROJECT SITE INFORMATION:

Property Address or Location: \_\_\_\_\_

Property Assessor's Parcel Number: \_\_\_\_\_

Property Dimensions: \_\_\_\_\_

Property Area: Square Footage: \_\_\_\_\_ Acreage: \_\_\_\_\_

Site Land Use: Undeveloped/Vacant: \_\_\_\_\_ Developed: \_\_\_\_\_

If developed, give building(s) square footage: \_\_\_\_\_

Existing Zoning of Project Site: \_\_\_\_\_

Proposed Zoning (if applicable): \_\_\_\_\_

DESCRIBE ADJACENT ZONING AND EXISTING LAND USE WITHIN 300 FEET OF PROJECT SITE:

	ZONE	EXISTING LAND USE (i.e. residential, commercial, industrial)
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

### SITE CHARACTERISTICS

Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects (if applicable): \_\_\_\_\_

Are there any trees, bushes, or shrubs on the project site? \_\_\_\_\_ Are any to be removed? \_\_\_\_\_  
If yes, attach site plan indicating location, size, and type of all trees, bushes and shrubs on the site that are proposed for removal.  
Will the project change water body or ground water quality or quantity, or alter existing drainage patterns? \_\_\_\_\_

\_\_\_\_\_ If yes, explain: \_\_\_\_\_

If there are structures on the project site, attach site plan indicating location of structures and provide the following information:

Present Use of Existing Structure(s): \_\_\_\_\_

Proposed Use of Existing Structure(s): \_\_\_\_\_

Are any structures to be moved demolished? \_\_\_\_ If yes, indicate on site plan which structures are proposed to be moved or demolished.

Describe Age, Condition, Size and Architectural Style of all existing on-site structures (include photos): \_\_\_\_\_

### PROPOSED BUILDING CHARACTERISTICS

Size of New Structure(s) or Building Addition(s) in gross square feet: \_\_\_\_\_

Building Height in feet (measured from ground to highest point): \_\_\_\_\_

Height of other appurtenances, excluding buildings, measured from ground to highest point (i.e. antennas, mechanical equipment, etc): \_\_\_\_\_

Project Site Coverage:	Building Coverage:	_____ Sq. Ft.	_____ %
	Landscape Area:	_____ Sq. Ft.	_____ %
	Paved Surface Area:	_____ Sq. Ft.	_____ %
	Total:	_____ Sq. Ft.	_____ %

Exterior Building Materials: \_\_\_\_\_

Exterior Building Colors: \_\_\_\_\_

Roof Materials: \_\_\_\_\_

Total Number of Off Street Parking Spaces Provided: \_\_\_\_\_

Describe the type of exterior lighting proposed for the project (height, intensity): \_\_\_\_\_

Building: \_\_\_\_\_ Parking: \_\_\_\_\_

Estimated Construction Starting Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

If the proposal is a component of an overall larger project, describe phases and show them on the site plan: \_\_\_\_\_

### RESIDENTIAL PROJECTS

Total Lots: \_\_\_\_\_ Total Dwelling Units: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

Net Density/Acre: \_\_\_\_\_

	Single Family	Two Family Duplex	Multiple Family Apartment	Multiple Family Condominiums
Number of Units				
Acreage				
Square Feet/Unit				
For Sale or Rent				
Price Range				
Type of Unit				
Studio				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 + Bedroom				

### COMMERCIAL, INDUSTRIAL, MANUFACTURING, OR OTHER PROJECT

Type of Use(s): \_\_\_\_\_

Expected Influence : Regional: \_\_\_\_\_ Citywide: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Total Occupancy/Capacity of Building(s): \_\_\_\_\_

Total Number of Fixed Seats: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Anticipated Number of Employees Per Shift: \_\_\_\_\_

Square Footage of Office Area: \_\_\_\_\_ Warehouse Area: \_\_\_\_\_

Sales Area: \_\_\_\_\_ Storage Area: \_\_\_\_\_ Loading Area: \_\_\_\_\_

Total Number of Visitors/Customers on site at any one time: \_\_\_\_\_

Other Occupants (if applicable): \_\_\_\_\_

Will the proposed use involve any toxic or hazardous materials or waste? (Explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTE: IF THE PROJECT SITE IS ON OR NEAR A HISTORICAL SITE, ARCHAEOLOGICAL SITE, LANDFILL SITE, RIVER, FLOODPLAIN, FREEWAY, RAILROAD, OR AIRPORT, THEN SPECIFIC TECHNICAL STUDIES MAY BE REQUIRED. APPLICANTS ARE ENCOURAGED TO CONTACT THE DEVELOPMENT SERVICES DEPARTMENT AT THE EARLIEST POSSIBLE OPPORTUNITY TO DETERMINE THE POSSIBLE NEED AND SCOPE OF SUCH STUDIES.

AS THE APPLICANT/AGENT FOR THIS PROPOSAL I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, THE ABOVE ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE.

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Applicant/Agent

\_\_\_\_\_  
Phone Number